

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037888

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 285

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Fulton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Mem. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>R 2 D. # 4.</u>	
3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Estil</u> Last <u>Miller</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>25</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Can.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/27/1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State Hospital</u>	
11. BIRTHPLACE (City and state or country) <u>Cooper Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Samuel P. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Martin</u>	
14. NAME OF HUSBAND OR WIFE <u>Alma D. Miller</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Mrs. S. E. Miller, Fulton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3:00</u> a.m. _____ p.m. _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1950p</u>		20f. CITY, TOWN, OR LOCATION <u>Fulton</u>	
21. I attended the deceased from <u>1950p</u> to <u>Death</u> and last saw her him alive on <u>10-25-62</u> Death occurred at <u>3:00</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>10-26-62</u>	
22a. SIGNATURE <u>John J. B. Green MD</u>		22b. ADDRESS <u>Fulton Mo</u>	
23a. BURIAL-CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-27-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Callaway Mem. Gdns.</u>	
24. FUNERAL DIRECTOR <u>Marphin Funeral Home, Fulton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 26-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		27. ADDRESS <u>Fulton, Mo.</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

60-110-11-1

NOV 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.